

## Petition for Early Graduation

To be completed by student:	
Name:	Date:
School:	
Please list your detailed plans for completin credits) to be completed:	ng graduation requirements including required courses (with
Please list reasons for your request to grade gained by graduating early:	uate early, including a description of how you plan to use the time
-	Date:
Parent Signature:	Date:
Note: Please remember to comple	ete the checkout procedure prior to your last day of attendance.
To be completed by counselor. Only submit been met.	to the principal/superintendent if performance measures have
Total credits earned to date: Cre Will all graduation credit requirements be m Ves No	
Have any requirements been waived?	
How have performance measures been met English: Math:	
Please attach to this form: Credit Tracker Next Semester Schedule	
Official Graduation Date (as it appears on tra	anscript)
Diploma will have date of Commencement	
Counselor Comments:	

I approve for graduation to occur after 6 or 7 semesters. Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Superintendent's signature is only required for students graduating after 6 semesters) Superintendent (or designee) Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Copies of this completed form should be sent to (1) the District Registrar and (2) kept in the student's cumulative file.